

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

DELAWARE HEALTH CORPORATION,)
a Delaware corporation,)

Plaintiff,)

v.)

Case No. 07-829-***-LPS

MICHAEL O. LEAVITT,)
Secretary of the United States)
Department of Health and Human Services,)

Defendant.)

AFFIDAVIT OF SERVICE

**(Service on Michael O. Leavitt, Secretary of the
United States Department of Health and Human Services)**

STATE OF DELAWARE :
: SS.
NEW CASTLE COUNTY :

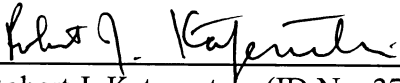
I, Robert J. Katzenstein, being duly sworn according to law, do depose and say:

1. On December 19, 2007, I caused to be filed a Complaint for Judicial Review of Final Adverse Agency Decision on Medicare Reimbursement (D.I. 1) (the "Complaint"). Pursuant to Fed. R. Civ. P. 4(i)(2), on December 20, 2007, a copy each of the Complaint, the Summons, the Notice of Availability of a U.S. Magistrate Judge to Exercise Jurisdiction (D.I. 2), Plaintiff's Corporate Disclosure Statement (D.I. 3), the Civil Cover Sheet, and the Acknowledgment of Receipt for AO Form 85, was sent by certified mail to:

Michael O. Leavitt, Secretary of the United States
Department of Health and Human Services
c/o General Counsel of the Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201


The certified mail receipt for this mailing is attached hereto as Exhibit A.

2. The signed green card returned by the postal service on January 7, 2008 indicating the certified mail envelope was received by the United States Department of Health and Human Services on December 26, 2007 is attached hereto as Exhibit B.



Robert J. Katzenstein (ID No. 378)

SWORN TO AND SUBSCRIBED before me this 7th day of January 2008.



Notary Public

My commission expires: 3-25-2008

ELLEN Y. SEBASTIANI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires March 25, 2008

EXHIBIT A

7005 1820 0001 9465 1801

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com ®	
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Postage	\$ 131
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
DEC 20 2007

Sent To: Michael D. Leavitt

Street, Apt. No.,
or PO Box No. 200 Independence Ave. S.W.

City, State, ZIP+4® Washington, D.C. 20201

PS Form 3800, June 2002 See Reverse for Instructions

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(Reverse) PS Form 3800, June 2002

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- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail addressed to APOs and FPOs.

EXHIBIT B

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael O. Leavitt, Secretary
of the U.S. Dept. of
Health and Human Services
c/o General Counsel to the
Department of HHS
200 Independence Ave. S.W.
Washington, D.C. 20201

2. Article Number

(Transfer from service label)

7005 1820 0001 9465 1801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Lawrence

C. Date of Delivery

*12-26-07*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

~~SK~~ E-15

RECEIVED

JAN 07 2008

Smith, Katzenstein and Furlow LLP
PO Box 410
Wilmington, DE 19899-0410

RJK



CERTIFICATE OF SERVICE

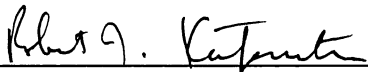
The undersigned hereby certifies that a true and correct copy of Plaintiff's Affidavit of Service re: service of process on Michael O. Leavitt, Secretary of the United States Department of Health and Human Services, was caused to be served this 7th day of January 2008 on the following by first class mail:

Colm F. Connolly, Esquire
United States Attorney's Office
District of Delaware
1007 N. Orange Street, Suite 700
P.O. Box 2046
Wilmington, DE 19899

Michael B. Mukasey, Attorney General
of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001

Michael O. Leavitt, Secretary of the United
States Department of Health and Human Services
c/o General Counsel of the Department of Health
and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

General Counsel of the
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201



Robert J. Katzenstein (ID No. 378)